

## General

### Guideline Title

Oral hygiene. In: Guidelines for preventive activities in general practice, 8th edition.

### Bibliographic Source(s)

Oral hygiene. In: Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. p. 78.

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The levels of evidence (I-IV, Practice Point) and grades of recommendations (A-D) are defined at the end of the "Major Recommendations" field.

#### Oral Hygiene

Oral Hygiene: Identifying Risk

Who Is at Risk?	What Should Be Done?	How Often?	References
Increased Risk <ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander peoples</li> <li>Rural and remote populations</li> <li>Migrant groups (especially refugees)</li> <li>Lower socioeconomic groups with difficulty accessing dental care</li> <li>People with reduced saliva flow (e.g., head and neck radiation therapy, Sjögren syndrome, multiple drug therapy including psychotropic medications)</li> </ul>	Examination of the mouth (IV,C)	At least every 12 months	US Preventive Services Task Force (USPSTF), 2004
	Education regarding prevention (I,B)	(More frequent dental checkups as determined by dentist)	Canadian Task Force on Periodic Health Examination (CTFPHE), 2000
	Recommendation of professional or home application of topical fluoride pastes, gels or mouth rinses (I,A)		National Health and Medical Research Council (NHMRC), 1999

Intervention	Technique	References
Education	<ul style="list-style-type: none"> <li>Advise about the hazards of snacks and drinks that contain high levels of carbohydrate and acid, especially between meals.</li> <li>Advise against the use of baby bottles with any fluid apart from water at night.</li> </ul>	USPSTF, 2004; CTFPHE, 2000; NHMRC, 2007
	<ul style="list-style-type: none"> <li>Advise patients to brush teeth twice daily with fluoride toothpaste. A pea-sized amount of low-fluoride toothpaste should be used before age 6 years. Encourage to spit not rinse.</li> <li>Encourage home use of high-fluoride toothpastes, gels or mouth rinses for those at high risk.</li> </ul>	Marinho et al., 2003; Walsh et al., 2010; Marinho et al., 2002
	<ul style="list-style-type: none"> <li>Advise the use of sugar-free chewing gum for saliva stimulation.</li> </ul>	Nordblad et al., 1995
	<ul style="list-style-type: none"> <li>Advise the use of mouthguards for contact sports.</li> <li>Recommend regular dental check-ups.</li> </ul>	
	Additional advice can be obtained from the findings of a national consensus workshop conducted in 2011.	National Oral Health Promotion Clearing House, 2011
Oral examination	<ul style="list-style-type: none"> <li>Inspect mouth for dental caries, stained, worn or broken teeth and inflamed or swollen gums.</li> <li>Xerostomia may present as dry and reddened gums and increased caries rate particularly on root surfaces.</li> </ul>	
	<ul style="list-style-type: none"> <li>'Lift the lip' of children for early identification of oral problems (see the NGC summary of the Royal Australian College of General Practitioners guideline <a href="#">Preventive activities in children and young people</a>).</li> </ul>	NSW Health, 2009; Rogers, 2011
Fluoridation	<ul style="list-style-type: none"> <li>Water fluoridation is beneficial at reducing dental caries.</li> <li>Approximately 76% of Australians now drink fluoridated water. Details regarding fluoride levels in Australian water supplies and recommended dosages of fluoride are provided at <a href="http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/eh41_1.pdf">www.nhmrc.gov.au/_files_nhmrc/publications/attachments/eh41_1.pdf</a></li> </ul>	NHMRC, 2007

### Definitions:

#### Levels of Evidence

Level	Explanation
I	Evidence obtained from a systematic review of level II studies
II	Evidence obtained from a randomised controlled trial (RCT)
III–1	Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method)
III–2	Evidence obtained from a comparative study with concurrent controls: <ul style="list-style-type: none"> <li>Non-randomised, experimental trial</li> </ul>

Level	Explanation
	<ul style="list-style-type: none"> <li>• Cohort study</li> <li>• Case-control study</li> <li>• Interrupted time series with a control group</li> </ul>
III-3	Evidence obtained from a comparative study without concurrent controls: <ul style="list-style-type: none"> <li>• Historical control study</li> <li>• Two or more single arm study</li> <li>• Interrupted time series without a parallel control group</li> </ul>
IV	Case series with either post-test or pre-test/post-test outcomes
Practice Point	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

## Grades of Recommendations

Grade	Explanation
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

## Clinical Algorithm(s)

None provided

## Scope

### Disease/Condition(s)

- Oral health
- Dental caries
- Gingivitis

### Guideline Category

Counseling

Prevention

Risk Assessment

Screening

### Clinical Specialty

Dentistry

Family Practice

Internal Medicine

Pediatrics

Preventive Medicine

## Intended Users

Advanced Practice Nurses

Dentists

Health Care Providers

Nurses

Physician Assistants

Physicians

Public Health Departments

## Guideline Objective(s)

- To facilitate evidence-based preventive activities in oral hygiene in primary care
- To provide a comprehensive and concise set of recommendations for patients in general practice with additional information about tailoring risk and need
- To provide the evidence base for which primary healthcare resources can be used efficiently and effectively while providing a rational basis to ensure the best use of time and resources in general practice

## Target Population

Individuals  $\geq 2$  years living in Australia, including Aboriginal and Torres Strait Islander people

## Interventions and Practices Considered

1. Assessment of risk for oral health problems
2. Education and advice about preventing dental caries and other oral health problems
3. Professional or home application of topical fluoride pastes, gels or mouth rinses
4. Oral examination
5. Water fluoridation

## Major Outcomes Considered

Incidence of dental caries and other oral disease

## Methodology

### Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

## Description of Methods Used to Collect/Select the Evidence

### Sources of Recommendations

The recommendations in these guidelines are based on current, evidence-based guidelines for preventive activities. The Taskforce focused on those most relevant to Australian general practice. Usually this means that the recommendations are based on Australian guidelines such as those endorsed by the National Health and Medical Research Council (NHMRC).

In cases where these are not available or recent, other Australian sources have been used, such as guidelines from the Heart Foundation, Canadian or United States preventive guidelines, or the results of systematic reviews. References to support these recommendations are listed. However, particular references may relate to only part of the recommendation (e.g., only relating to one of the high-risk groups listed) and other references in the section may have been considered in formulating the overall recommendation.

### Number of Source Documents

Not stated

## Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

### Rating Scheme for the Strength of the Evidence

#### Levels of Evidence

Level	Explanation
I	Evidence obtained from a systematic review of level II studies
II	Evidence obtained from a randomised controlled trial (RCT)
III-1	Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method)
III-2	Evidence obtained from a comparative study with concurrent controls: <ul style="list-style-type: none"> <li>• Non-randomised, experimental trial</li> <li>• Cohort study</li> <li>• Case-control study</li> <li>• Interrupted time series with a control group</li> </ul>
III-3	Evidence obtained from a comparative study without concurrent controls: <ul style="list-style-type: none"> <li>• Historical control study</li> <li>• Two or more single arm study</li> <li>• Interrupted time series without a parallel control group</li> </ul>
IV	Case series with either post-test or pre-test/post-test outcomes
Practice Point	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

## Methods Used to Analyze the Evidence

## Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

These *Guidelines for preventive activities in general practice*, 8th edition, have been developed by a taskforce of general practitioners (GPs) and experts to ensure that the content is the most valuable and useful for GPs and their teams. The guidelines provide an easy, practical and succinct resource. The content broadly conforms to the highest evidence-based standards according to the principles underlying the Appraisal of Guidelines Research and Evaluation.

The dimensions addressed are:

- Scope and purpose
- Clarity of presentation
- Rigour of development
- Stakeholder involvement
- Applicability
- Editorial independence

The Red Book maintains developmental rigour, editorial independence, relevance and applicability to general practice.

### Screening Principles

The World Health Organization (WHO) has produced guidelines for the effectiveness of screening programs. The Taskforce has kept these and the United Kingdom National Health Services' guidelines in mind in the development of recommendations about screening and preventive care.

## Rating Scheme for the Strength of the Recommendations

### Grades of Recommendations

Grade	Explanation
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

Not stated

## Evidence Supporting the Recommendations

### References Supporting the Recommendations

Canadian Task Force on Periodic Health Examination (CTFPHE). The Canadian guide to clinical preventive health care. Ottawa: Canadian Task Force on Periodic Health Examination (CTFPHE); 2000.

Marinho VC, Higgins JP, Logan S, Sheiham A. Fluoride gels for preventing dental caries in children and adolescents. Cochrane Database Syst Rev. 2002;(2):CD002280. [69 references] [PubMed](#)

Marinho VC, Higgins JP, Sheiham A, Logan S. Fluoride toothpastes for preventing dental caries in children and adolescents. Cochrane Database Syst Rev. 2003;(1):CD002278. [164 references] [PubMed](#)

National Health and Medical Research Council (NHMRC). A systematic review of the efficacy and safety of fluoridation. Canberra: National Health and Medical Research Council (NHMRC); 2007.

National Health and Medical Research Council (NHMRC). Review of water fluoridation and fluoride intake from discretionary fluoride supplements. Canberra: National Health and Medical Research Council (NHMRC); 1999.

National Oral Health Promotion Clearing House. Oral health messages for the Australian public. Findings of a national consensus workshop. Aust Dent J. 2011 Sep;56(3):331-5. [PubMed](#)

Nordblad A, Suominen-Taipale L, Murtomaa H, Vartiainen E, Koskela K. Smart Habit Xylitol campaign, a new approach in oral health promotion. Community Dent Health. 1995 Dec;12(4):230-4. [PubMed](#)

NSW Health. Early childhood oral health guidelines for child health professionals. 2nd ed. Sydney: NSW Health; 2009.

Rogers JG. Evidence-based oral health promotion resource. Melbourne: Prevention and Population Health Branch, Department of Health; 2011.

US Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. Washington (DC): Office of Disease Prevention and Health Promotion; 2004.

Walsh T, Worthington HV, Glenney AM, Appelbe P, Marinho VC, Shi X. Fluoride toothpastes of different concentrations for preventing dental caries in children and adolescents. Cochrane Database Syst Rev. 2010;(1):CD007868. [161 references] [PubMed](#)

### Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for selected recommendations (see the "Major Recommendations" field).

# Benefits/Harms of Implementing the Guideline Recommendations

## Potential Benefits

- Prevention of dental caries and gingivitis
- Improved oral health

### Subgroups Most Likely to Benefit

Oral disease is more prevalent among low socioeconomic groups. Significant financial barriers to accessing dental care remain in Australia. People on low incomes are more likely to delay dental visits and less likely to receive appropriate dental care. Private dental insurance is associated with higher rates of dental care, but insurance is less common in low income groups or those in regional or remote location. People who hold healthcare cards are less likely to receive preventive dental care and more likely to receive extractions when visiting the dentist.

## Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

- The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.
- Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.
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- These guidelines have not included detailed information on the management of risk factors or early disease (e.g., what medications to use in treating hypertension). Similarly, they have not made recommendations about tertiary prevention (preventing complications in those with established disease). Also, information about prevention of infectious diseases has been limited largely to immunisation and some sexually transmitted infections (STIs).

## Implementation of the Guideline

### Description of Implementation Strategy

For preventive care to be most effective, it needs to be planned, implemented and evaluated. Planning and engaging in preventive health is increasingly expected by patients. The Royal Australian College of General Practitioners (RACGP) thus provides the Red Book and *National guide to inform evidence-based guidelines*, and the Green Book (see the "Availability of Companion Documents" field) to assist in development of programs of implementation. The RACGP is planning to introduce a small set of voluntary clinical indicators to enable practices to monitor their preventive activities.



## Implementation Tools

Chart Documentation/Checklists/Forms

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Staying Healthy

### IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

### Bibliographic Source(s)

Oral hygiene. In: Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. p. 78.

### Adaptation

This guideline has been partially adapted from Australian, Canadian, United Kingdom, and/or United States preventive guidelines.

### Date Released

2012

### Guideline Developer(s)

Royal Australian College of General Practitioners - Professional Association

### Source(s) of Funding

Royal Australian College of General Practitioners

### Guideline Committee

Red Book Taskforce

## Composition of Group That Authored the Guideline

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## Financial Disclosures/Conflicts of Interest

Not stated

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the [Royal Australian College of General Practitioners \(RACGP\) Web site](#) .

## Availability of Companion Documents

The following are available:

- Preventive activities over the lifecycle – adults. Preventive activities over the lifecycle – children. Electronic copies: Available in Portable Document Format (PDF) from the [Royal Australian College of General Practitioners \(RACGP\) Web site](#) .
- Putting prevention into practice (green book). East Melbourne (Australia): Royal Australian College of General Practitioners; 2006. 104 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .
- National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. 100 p. Electronic copies: Available in PDF from the [RACGP Web site](#) .

## Patient Resources

None available

## NGC Status

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